



California Department of Health Care Services PASRR Facility Training

What is PASRR?

PASRR

- Pre-Admission Screening and Resident Review
- Required by law per 42 CFR 483.100-483.138

Goal of PASRR

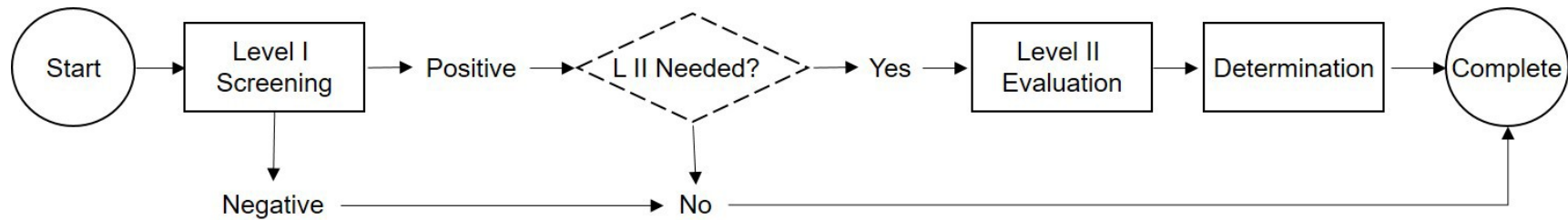
To determine if individuals with serious mental illness (SMI) and/or intellectual/developmental disability (ID/DD) or related conditions (RC) require:

- Nursing facility (NF) services, considering the least restrictive setting
- Specialized services

Achieved

Level I Screening	Level II Evaluation	Determination
<ul style="list-style-type: none">• Submitted online by the facility• Tool that helps identify possible SMI and/or ID/DD/RC	<ul style="list-style-type: none">• Face-to-face evaluation that helps determine placement & specialized services• Department of Health Care Services (DHCS) is responsible for SMI Evaluations, which by law must be performed by a third party contractor• Department of Developmental Services (DDS) is responsible for ID/DD/RC Evaluations	<ul style="list-style-type: none">• SMI Determinations will be available online and will include placement and treatment recommendations for the individual• ID/DD/RC Determinations will be issued by DDS according to their separate process

PASRR Process



The whole PASRR process is required:

- Prior to an individual being admitted into a Medicaid certified nursing facility
- Regardless of the individual's insurance type

Pre-Admission Compliance

- Currently, California PASRRs are done post-admission
- DHCS is working with Centers for Medicare & Medicaid Services (CMS) to reach pre-admission compliance in the near future

When is PASRR Required?

There are two types of Level I Screenings:

Initial Pre-Admission Screening (PAS)	Resident Review (RR) (Status Update)
Required: <ul style="list-style-type: none">• For all new admissions• Submitted on the day of admission	Required: <ul style="list-style-type: none">• For current nursing facility residents or readmissions who experience a significant change in their mental or physical condition• Submitted as soon as the change is discovered

New Admission

- Individual who has never been admitted to your facility before; **OR**
- Individual who does not qualify as a readmission

Readmission

- Those already admitted to your facility;
- leave to the hospital to receive care with return anticipated; **AND**
- return to your facility

Significant Change

- A decline or improvement in an individual's condition that requires revision of the care plan or level of care

Enrollment

How to Enroll in the Online PASRR System

The facility is responsible for designating qualified staff for submitting the Level I Screening. It is recommended they have:

- Knowledge of medical terminology
- Knowledge related to the medical history and current status of the resident

Please complete the

[PASRR Enrollment/Change Request](#) form and email to ITServiceDesk@dhcs.ca.gov.

DHCS does not limit the number of staff a facility can enroll or have in each role.

Please visit our [website](#) for detailed instructions on submitting the form.

Emails

- Each enrollee is required to have a unique and valid email address. Sharing email accounts is prohibited
- A unique and secure facility email address is recommended to avoid any HIPAA violations. If a personal email (i.e., Gmail, Yahoo, etc.) is used, written approval from the facility administrator authorizing such emails is required each time a request contains a personal email

Roles

The role determines the enrollee's level of access in the PASRR system.

- **User** role only grants access to the PASRRs they submit
- **Admin** role grants access to all PASRRs for the facility (Recommended to have at least two)

Create Account

- Each enrollee will receive an encrypted email from DHCS with their User ID and temporary password with instructions on how to create their account
- The temporary password will expire 4 calendar days from the date the encrypted email is sent
- If it expires, a new request must be sent as a "Password Reset"

Resident Identification

Questions 1-6

This section helps identify the individual.

Question 1. Date Started

- Auto Populates
- Can't be edited or backdated
- Date used for reimbursement

Question 2. Screening Type

- PAS is for new admissions
- RR is for status updates
- If RR is selected, then enter the original admission date

Question 6. Physical Diagnosis

- List **current** conditions

The screenshot displays the 'PASRR Level I' form, specifically the 'Resident Identification' section. At the top, a progress bar shows six steps: 1. Resident Identification (active), 2. Resident Information, 3. Facility Completing Level I, 4. 30-Day Exempted Hospital Discharge, 5. Categorical Determination, and 6. MI Screen. The form fields include: 1. Date Started (05/13/2019), 2. Screening Type (radio buttons for Initial Preadmission Screening (PAS) and Resident Review (RR) (Status Change)), 3. Last Name, First Name, Middle Name, and Date Of Birth (text input fields), 5. What type of bed is the resident currently residing in? (radio buttons for General Acute Care Hospital, Skilled Nursing Facility, Other - specify, Psychiatric Health Facility (PHF), Acute Psychiatric Hospital/ Unit, Rehabilitation/ Hospital, STP/ IMD, Group Home/ Assisted Living, and ICF/ ID), and 6. Physical diagnosis at time of transfer/admission to Nursing Facility (text input field with a placeholder 'Enter "None" if no physical diagnosis'). At the bottom right, there are 'Prev' and 'Next' buttons.

Resident Information

Questions 7-13

This section helps identify if an interpreter is needed. If the screening is positive, the evaluation should be performed in the language the individual is most comfortable with. Please notify the contractor when an interpreter is needed.

Question 9 & 10

- The primary language spoken
- If an interpreter is needed

Question 11-13

- If hearing impaired, list the type of interpreter needed

The screenshot shows the 'PASRR Level I' form, specifically the 'Resident Information' section. At the top, a progress bar indicates the current step (2) is 'Resident Information', with previous steps (1) 'Resident Identification' and subsequent steps (3) 'Facility Completing Level I', (4) '30-Day Exempted Hospital Discharge', (5) 'Categorical Determination', and (6) 'MI Screen' marked. The form fields are as follows:

PASRR CID	Last Name	First Name	Middle Initial	DOB
200-007-789	Training	Example		05/13/2019

Resident Information

7. Gender:

8. Marital Status:

9. Primary Language Spoken:

10. Language Interpreter Needed?: ☐ Yes ☐ No

11. Hearing Impaired?: ☐ Yes ☐ No

At the bottom right, there are 'Prev' and 'Next' navigation buttons.

Take Note:

In this section, the PASRR CID# is automatically assigned and the case status is now "in progress"

- "In progress" cases can be edited with the pencil icon from the Dashboard or Level I Cases list
- Unsubmitted screenings left "in progress" will be **deleted from the PASRR system after two weeks**

Facility Completing Level I

Questions 14-16

This section helps identify the facility completing the screening and helps catch duplicate Pre-Admission Screenings (PAS).

Question 14. Facility Details

- Auto populates
- If this is not your facility, please stop and contact PASRR IT Service Desk

Email: ITServiceDesk@dhcs.ca.gov

Phone: (916) 440-7000 & select option 1

Question 16. Current PASRR

- Current PASRR on file = PAS with the immediate admission date
- Helps prevent duplicate screenings
- Not required for RR

PASRR Level I

Resident Identification Resident Information **Facility Completing Level I** 30-Day Exempted Hospital Discharge Categorical Determination MI Screen

PASRR CID: 200-007-789 Last Name: Training First Name: Example Middle Initial: DOB: 05/13/2019

Facility Completing Level I

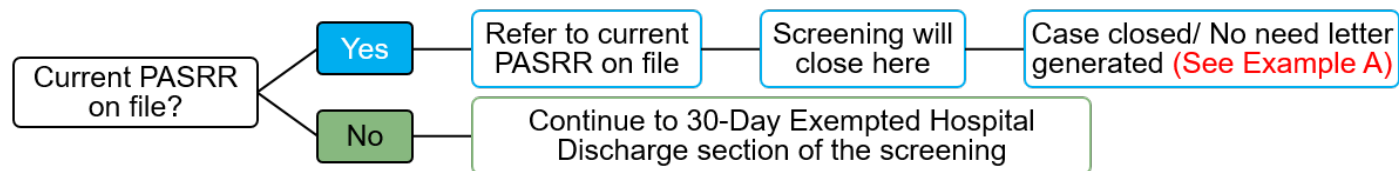
14. Facility Details

Facility Name: KAISER FOUNDATION HP/REHAB-VALLEJO Name of Person Completing Form: NFAdmin1, NFAdmin1
 Address: 975 SERENO DRIVE Phone: (707) 651-1000
 City: VALLEJO Fax: E-mail Address:
 State: CA
 Zip code: 94590

15. ☐ Yes ☐ No Is the resident returning to a NF after a brief hospital stay?

16. ☐ Yes ☐ No Is there a current PASRR on file for this resident with no significant change in condition? If no, go to the next section.

← Prev Next →



(Question #16.)

30-Day Exempted Hospital Discharge

Questions 17A-18D

This section helps identify if the individual is exempt from the PASRR process.

Questions 17A-18C

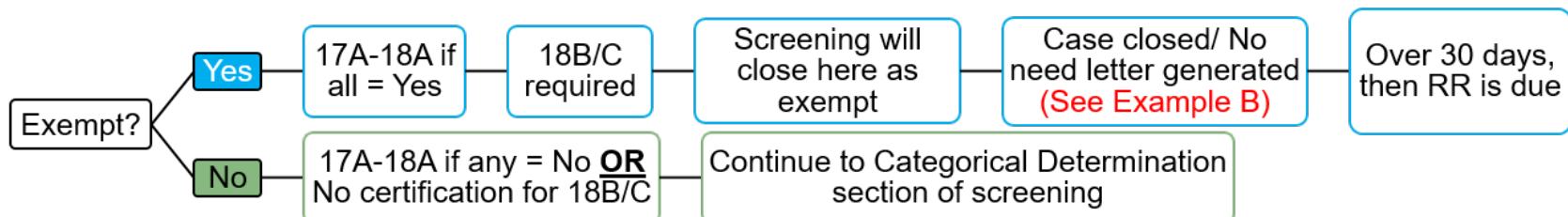
All three must apply:

- I. The individual is discharged from the hospital into a Medicaid NF; **AND**
- II. The individual requires NF services for the same condition as the hospital stay; **AND**
- III. An attending physician certifies that the individual will be staying less than 30 days

Question 18D

- Date a new RR (Status Update) is due if the individual stays over 30 days
- Online PASRR system does not alert/notify when the RR is due
- RR should be completed no later than the 40th day of admission

PASRR Level I					
Resident Identification		Resident Information		Facility Completing Level I	
PASRR CID 200-007-789		Last Name Training		First Name Example	
				Middle Initial DOB 05/13/2019	
30-Day Exempted Hospital Discharge					
17.a.	<input type="radio"/> Yes <input type="radio"/> No	Has the resident been admitted from a hospital after receiving acute inpatient care and requires NF convalescent or rehabilitation services related to the condition for which they received care in the hospital?			
17.b.	<input type="radio"/> Yes <input type="radio"/> No	Will the resident's stay at your facility likely to require less than 30 days of NF services?			
18.a.	<input type="radio"/> Yes <input type="radio"/> No	Has the attending physician certified before/upon admission to the NF that the resident is likely to require less than 30 days of NF services?			
18.b.	Enter Physicians Name (for example 'Dr. John Smith') <input type="text"/>				
18.c.	<input type="checkbox"/> I acknowledge that the information entered in 18a and 18b (if applicable) is true. *				
18.d.	Date new Level I Due (Day 31 after admission) <input type="text"/>				
					<input type="button" value="← Prev"/> <input type="button" value="Next →"/>



Neurocognitive/Categorical Determination

Questions 19A-25

This section helps identify when an individual has a categorical condition, thus preventing them from benefiting from specialized services.

Questions 19A

- Is there a suspected or diagnosed neurocognitive disorder (NCD)

Questions 19B/C

- Due to the severity of the NCD, will the individual have difficulty communicating their needs

Questions 20A/B Terminal Illness

- Is the individual on hospice care

Questions 21A/B Physical Condition

- Due to severity of the physical condition

Questions 22-25 Short Stays

- Types of projected short stays
- If the individual stays longer, submit a RR to update the status of the individual

PASRR Level I

Resident Identification Resident Information Facility Completing Level I 30-Day Exempted Hospital Discharge **Categorical Determination** MI Screen

PASRR CID: 200-007-789 Last Name: Training First Name: Example Middle Initial: DOB: 05/13/2019

Neurocognitive/Categorical Determination

19.a. ☐ Yes ☐ No ☐ Unknown Is there a diagnosis or other evidence of a neurocognitive disorder, e.g., Alzheimer's Disease, Traumatic Brain Injury, Cerebrovascular Disease, CVA, TIA, other dementias, etc?

19.b. ☐ Yes ☐ No ☐ Unknown Does the individual have serious difficulty communicating their needs, responding appropriately to direct questions, or otherwise engaging in a meaningful verbal interaction as a result of a cognitive deficit?

20.a. ☐ Yes ☐ No **Terminal Illness**
The resident has a terminal illness as defined for hospice purposes in §418.3, CFR, Title 42, Part 483. The attending physician certified the resident's life expectancy is less than six months.

21.a. ☐ Yes ☐ No **Severe Physical Condition**
The resident has a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure which results in a level of impairment so severe that the resident could not be expected to benefit from specialized services.

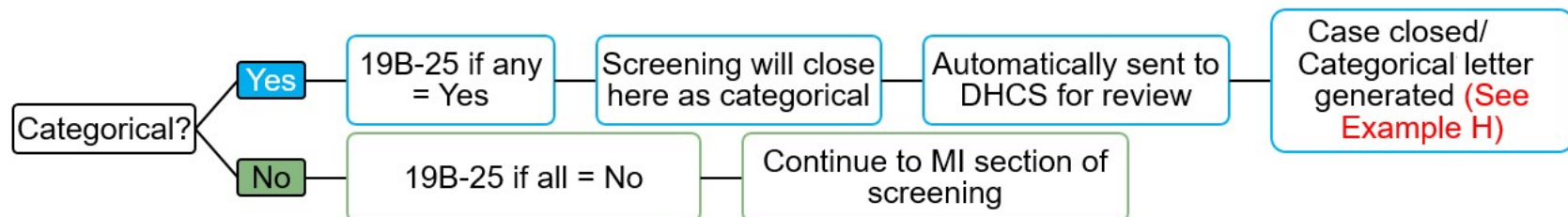
22. ☐ Yes ☐ No Does the resident require protective services resulting in a stay of less than 7 days?

23. ☐ Yes ☐ No Is the resident on a Welfare and Institutions Code 5150? (Stay is not expected to exceed 72 hours).

24. ☐ Yes ☐ No Is the resident on a Welfare and Institutions Code 5250? (Stay is not expected to exceed 14 days).

25. ☐ Yes ☐ No Is the resident being admitted to provide temporary respite for the in-home caregiver (respite case less than 15 days)? (CA Health & Safety Code, Section 1418.1)

← Prev Next →



Mental Illness (MI)

Questions 26-28

This section helps identify suspected or diagnosed mental illness.

Questions 26. Diagnosed MI

- Is there a diagnosis of mental illness

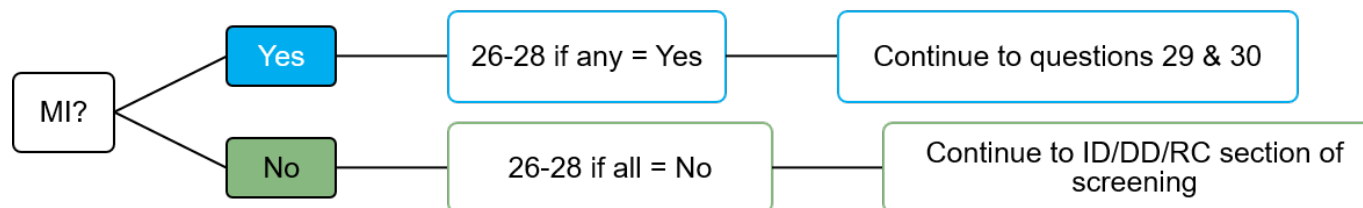
Question 27. Suspected MI

- If no diagnosis, do you suspect a mental illness

Question 28. Psychotropic Medication

- List all names, regardless of the intended use

PASRR Level I					
Resident Identification		Resident Information		Facility Completing Level I	
PASRR CID 200-007-789		Last Name Training		First Name Example	
				Middle Initial	
				DOB 05/13/2019	
Mental Illness (MI)					
Diagnosed Mental Illness					
26. <input type="radio"/> Yes <input type="radio"/> No Does the resident have a diagnosed mental disorder such as Schizophrenia/Schizoaffective Disorder, Psychotic/Psychosis, Delusional, Depression, Mood Disorder, Bipolar, or Panic/Anxiety?					
Suspected Mental Illness					
27. <input type="radio"/> Yes <input type="radio"/> No After observing the resident or reviewing their records, do you believe the resident may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors not considered normal in their current circumstances?					
Psychotropic Medication					
28. <input type="radio"/> Yes <input type="radio"/> No Has the resident been prescribed psychotropic medications?					



Mental Illness (MI) (Cont.)

Questions 29-30

This section helps identify if the suspected or diagnosed mental illness is severe.

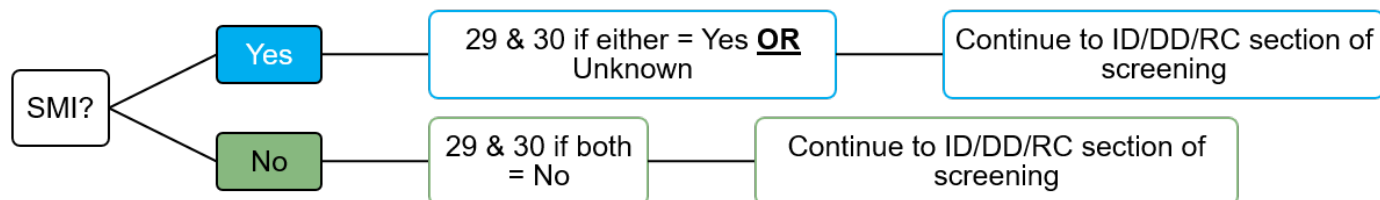
Questions 29 & 30 Recent Functional Limitations

- Indicators for **serious** mental illness (SMI)
- Assess if MI is impacting daily activities

Recent Functional Limitations	
29. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<p>In addition, the mental health disorder results in functional limitations in major life activities within the past 6 months. For example, the resident is no longer able to meet work demands, interact with family and friends, or attend medical appointments due to anxiety, depression, or bizarre thought processes, etc. A resident typically has serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:</p> <p>Interpersonal Functioning Interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.</p> <p>Concentration, Persistence, and Pace Sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.</p> <p>Adaptation to Change The resident has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.</p>
30. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<p>The recent treatment history indicates that the resident, within the last two years, has experienced at least one of the following:</p> <ul style="list-style-type: none">• Psychiatric treatment more intensive than outpatient care (e.g., hospitalization or other acute intervention).• (Due to the mental disorder) an episode of significant disruption to the normal living situation requiring supportive services, relocation to a residential treatment environment, or intervention by a housing authority or law enforcement.• Suicide attempts.

← Prev

Next →



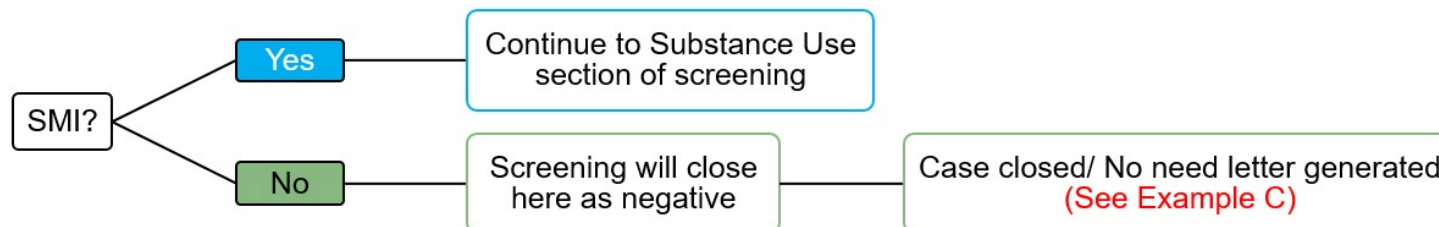
Intellectual or Developmental Disability (ID/DD) or Related Condition (RC)

Questions 31-36

This section helps identify a suspected or diagnosed intellectual/developmental disability. If yes, then it is automatically sent to the California Department of Developmental Services (DDS). Please contact DDS for questions related to this section.

DDS Phone: (916) 654-2300

PASRR Level I					
7 ID/DD/RC Screen		8 Substance Use		9 Conservatorship	
PASRR CID	Last Name	First Name	Middle Initial	DOB	
200-007-789	Training	Example		05/13/2019	
Intellectual or Developmental Disability (ID)/(DD) or Related Condition (RC)					
31.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Does the resident have or is suspected of having a primary diagnosis of ID/DD/RC?			
32.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Does the resident have a history of a substantial disability prior to the age of 22?			
33.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Is the resident a consumer of Regional Center Services?			
34.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Is the resident a consumer of any ID/DD service, past or present, other than Regional Center Services?			
35.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Has the resident ever been referred to Regional Center Services?			
36.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	As a result of ID/DD, does the resident experience functional limitations? Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, capacity for living independently.			
				< Prev	Next >



Substance Use Disorder

Questions 37-38

This section helps identify a substance use disorder and is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section.

PASRR Level I

✓

8

9

ID/DD/RC ScreenSubstance UseConservatorship

PASRR CID	Last Name	First Name	Middle Initial	DOB
200-007-789	Training	Example		05/13/2019

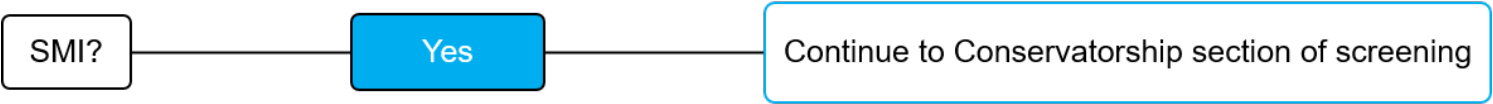
Substance Use Disorder

37. ☐ Yes ☐ No ☐ Unknown Alcohol

38. ☐ Yes ☐ No ☐ Unknown Drug

← Prev

Next →



Conservatorship

Question 39

This section helps identify if the individual has a court appointed conservator and is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section. It is the facility's responsibility to notify everyone involved in the individual's health care plan of a scheduled Level II Evaluation.

PASRR Level I

✓

✓

9

ID/DD/RC Screen

Substance Use

Conservatorship

PASRR CID	Last Name	First Name	Middle Initial	DOB
200-007-789	Training	Example		05/13/2019

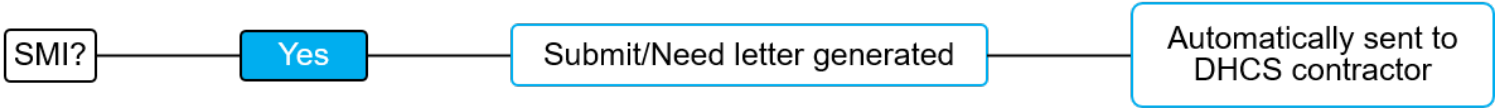
Conservatorship (Court Appointed)

Power of Attorney (medical/fiduciary) is not a conservatorship

39. ☐ Yes ☐ No Does the resident have a Conservator?

← Prev

Next →



Level I Corrections

Level I Screening:

- Should always match the minimum data set (MDS)
- Recommended to check if a Resident Review is needed during facility's annual or quarterly reviews of the MDS

In Progress Screenings:

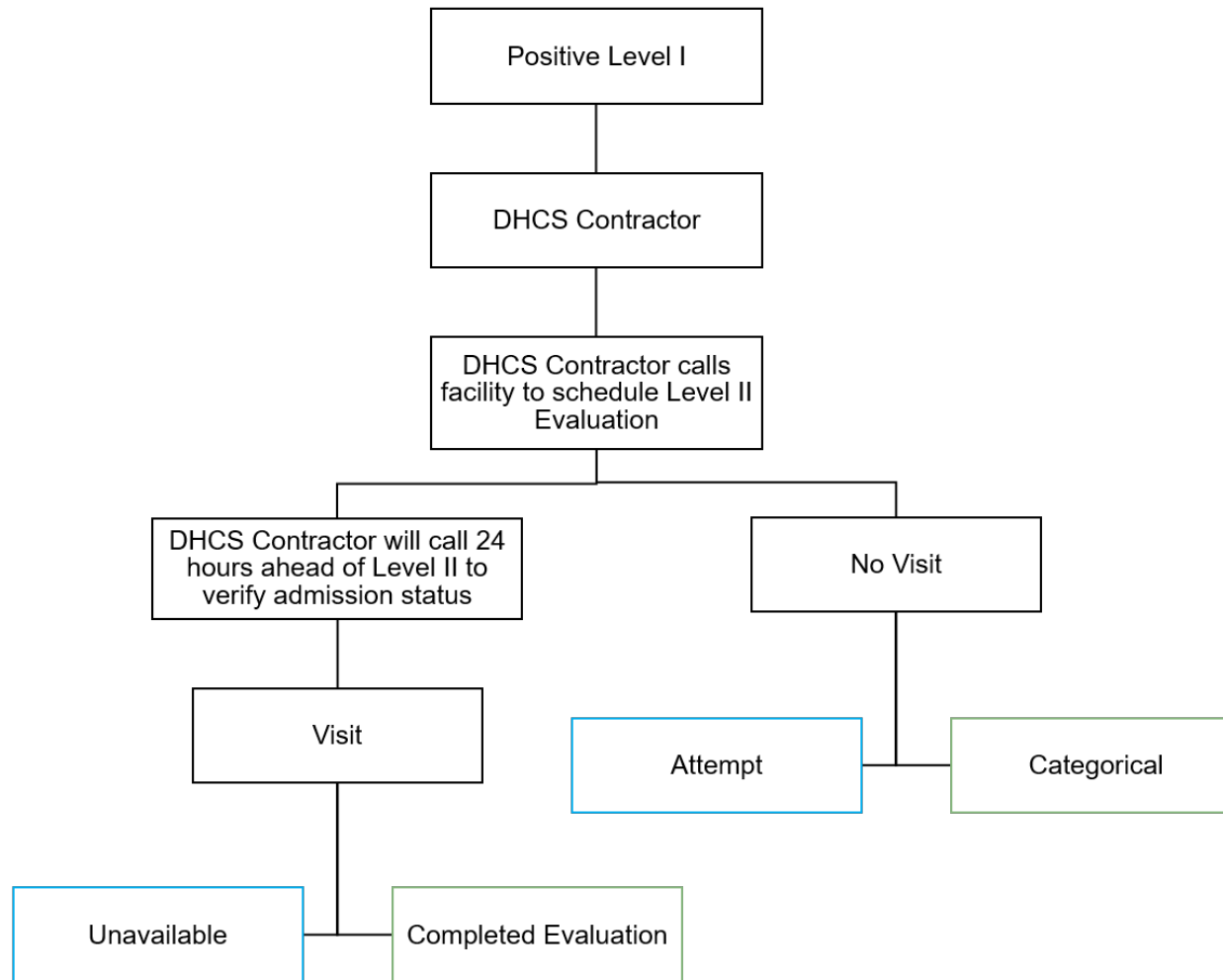
- Can be edited by clicking on the pencil icon on your Dashboard or Level I Cases list
- Will automatically delete from the PASRR system after two weeks if not submitted

Submitted Screenings:

- Cannot be edited, even by DHCS
- For minor demographic errors, such as misspelling of a name or entering the wrong date of birth, make hand written corrections and initial on the printed Level I Screening for your records and TAR submission
- For major demographic and/or clinical errors, such as entering the wrong last name or selecting the wrong option during the clinical questions, submit a new screening as a Resident Review (RR) (Status Update)

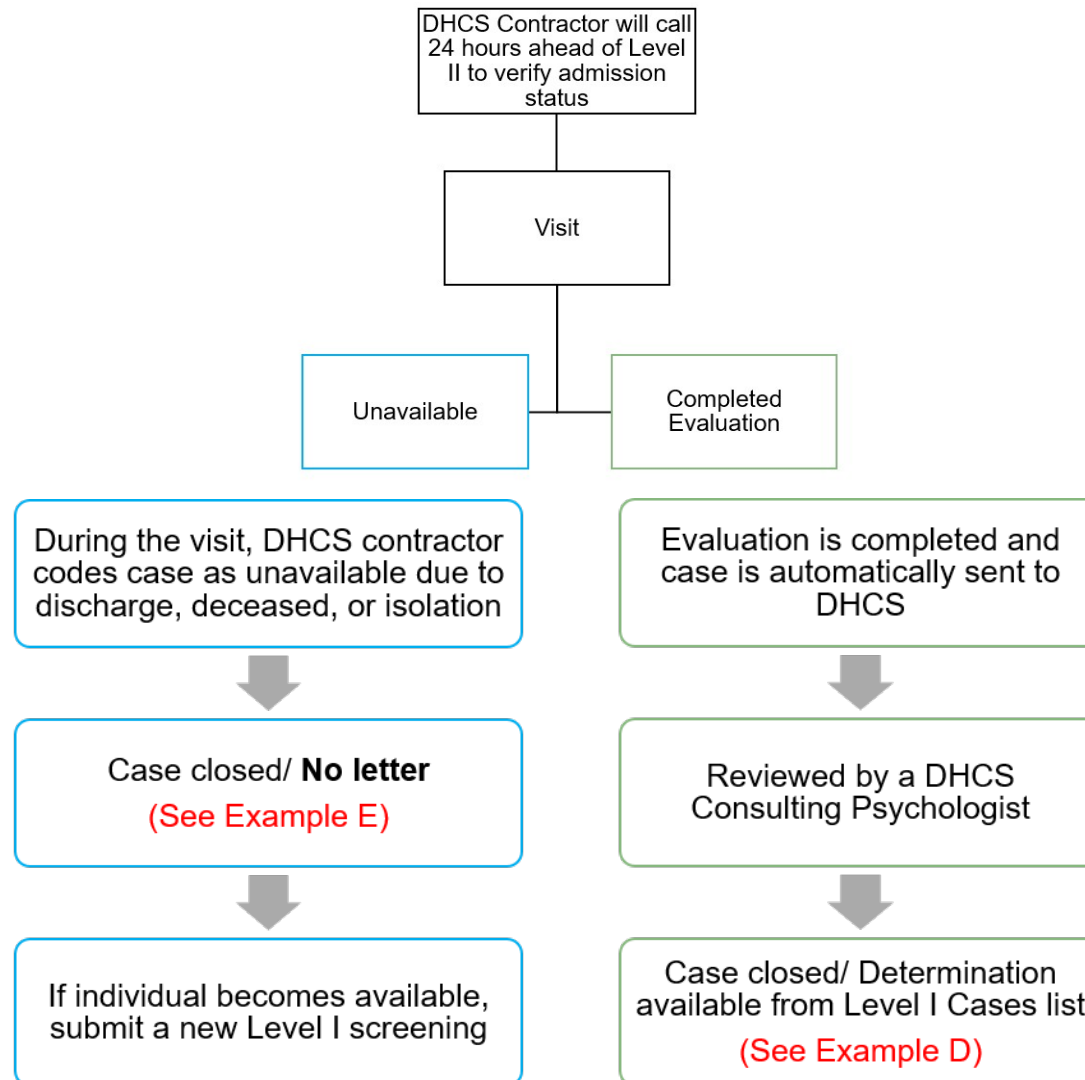
Level II Process

Positive Level I Screenings are automatically sent to the DHCS contractor for review and processing. The current DHCS contractor is Maximus Health Services, Inc. When they call to schedule the Level II, they will be asking questions containing PHI to determine if an evaluation is deemed necessary.



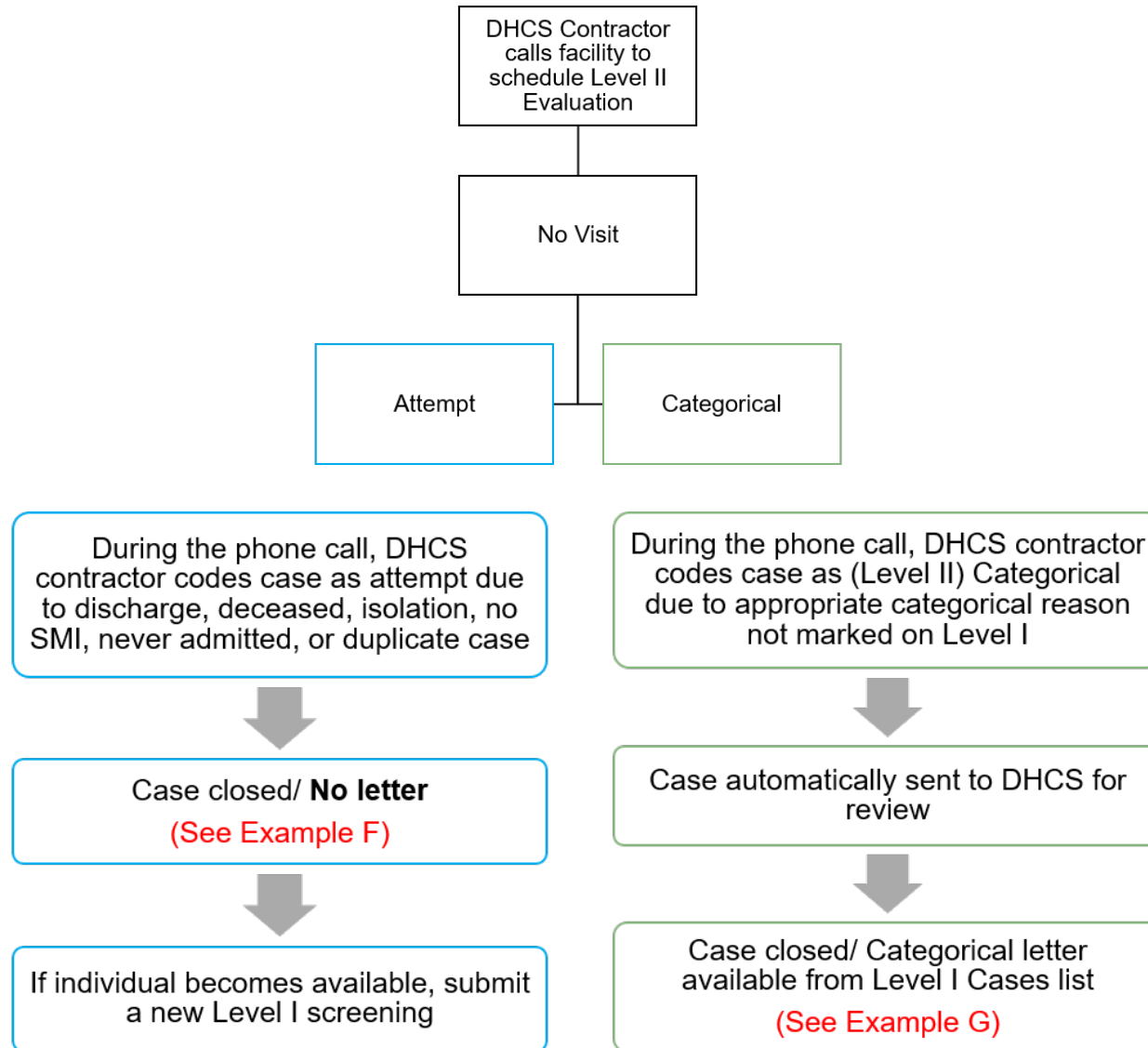
Visit

If the contractor deems a Level II Evaluation is necessary, they will schedule a visit. During a visit, the evaluator will travel to the facility and upon arrival, they will present a letter of introduction and ID badge. They will need to have access to the medical records along with conducting a face-to-face evaluation with the individual.



No Visit

If the contractor deems a Level II Evaluation is not necessary, they will not schedule a visit.



Appeals

Request for Reconsideration

If the resident, facility, and/or conservator disagrees with the DHCS Level II Determination, please submit a [PASRR Request for Reconsideration](#). The Reconsideration form is located on the DHCS PASRR website. Please send the completed form to DHCS.

Mail:

Department of Health Care Services
Clinical Assurance and Administrative Support Division
PASRR Section
PO Box 997419 MS 4506 Sacramento CA 95899-7419

Fax: (916) 319-0980

When DHCS receives the Reconsideration Request, clinical staff will review the case, resulting in modified recommendation(s) or no changes to the original Determination.

Request a State Hearing

If still dissatisfied with the reconsideration process, a State Fair Hearing may be requested from the California Department of Social Services (CDSS).

Mail:

Department of Social Services
State Fair Hearing Division
P.O. Box 944243 Mail Station 9-17-37
Sacramento, CA 94244-2430

Phone: 1-800-952-5253

Contact

DHCS

All PASRR questions/requests need to be directed to the DHCS IT Service Desk. IT Service Desk requires a first name, last name, and phone number before a work order ticket can be created.

For service requests including: new enrollees, deleting enrollees, unlocking accounts, resetting passwords, changing roles, or changing emails, please include a [PASRR Enrollment/Change Request](#) form. For questions related to a Level I Screening, Level II Evaluation, or Determination, please include the PASRR CID#.

DHCS IT Service Desk can be reached by email or by phone:

Email: ITServiceDesk@dhcs.ca.gov

Phone: (916) 440-7000 and select option 1

Support is available Monday through Friday from 7:00am – 5:00pm. Requests will not be processed after business hours, weekends, or state holidays.

Field Office for Treatment Authorization Requests (TAR)

The DHCS PASRR Section does not have jurisdiction over TAR submissions. If you have questions related to TAR submissions or payment, please contact the Field Office.

Phone: 1-800-541-5555

DDS

For questions related to ID/DD/RC Level II Evaluations/Determinations, please contact DDS.

Phone: (916) 654-2300

Fax: (916) 654-3256